

Assessing Practitioner (Name and Discipline): _____

Client Strengths (to assist in achieving treatment goals): athletics, clubs, affiliations, social, personal, relations, etc.

Mental Health History

Psychiatric Hospitalizations: ☐ Yes ☐ No ☐ Unable to Assess

If yes, describe dates, locations, and reasons

Outpatient Treatment: ☐ Yes ☐ No ☐ Unable to Assess

If yes, describe dates, locations and reasons.

Recommendations, Response to Treatment, Parent/Child Satisfaction

Past Suicidal/Homicidal Thoughts/Attempts including dates, threat, intent, plan, target(s), access to lethal means, method used:

Prior Mental Health Records Requested: ☐ Yes ☐ No

Prior Mental Health Records Requested from:

History of Trauma or Exposure to Trauma: ☐ Yes ☐ No ☐ Unable to Assess

Has client ever (1) been physically hurt or threatened by another, (2) been raped or had sex against their will, (3) lived through a disaster, (4) been a combat veteran or experienced an act of terrorism, (5) been in a severe accident, or been close to death from any cause, (6) witnessed death or violence or the threat of violence to someone else, or (7) been the victim of a crime?

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Medications

List "all" past and present psychotropic medications used, prescribed/non-prescribed, by name, dosage, frequency. Indicate from client's perspective what seems to be working and not working.

| Medication | Dosage/Frequency | Period Taken | Effectiveness/Response/Side Effects/Reactions |
|------------|------------------|--------------|---|
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General Medication Comments (include significant non-psychotic medication issues/history):

Substance Risks, Use & Attitudes/Exposure (family & peers experience)

☐ Child under the age of 11 AND substance use screening not required based on clinical judgment

"MH554 -Co-Occurring Substance Use Child Screening Instrument"

1. Were any of the questions checked "Yes"? ☐ Yes ☐ No If yes, complete MH 553*

"MH552 -Parent/Caregiver Questionnaire"

1. Were any risk factors identified based on clinical judgment? ☐ Yes ☐ No If yes, complete MH 553*

Does the client currently appear to be under the influence of alcohol or drugs? ☐ Yes ☐ No ☐ Unable to Assess

If yes, When was the last time the client used alcohol or drugs?

Has the client ever received professional help for his/her use of alcohol or drugs? ☐ Yes ☐ No ☐ Unable to Assess

Comments on alcohol/drug use:

How is mental health impacted by substance use (clinician's perspective)? Must be completed if any services will be directed towards Substance Use/Abuse.

* MH 553 "Supplemental Co-Occurring Disorders Assessment" completed on: _____

Medical History

Pediatrician Name: _____

Pediatrician Phone: _____

Date of Last Physical Exam: _____

Glasses ☐ Yes ☐ No

Seizure/Neuro Disorder ☐ Yes ☐ No

Accidents ☐ Yes ☐ No

Dental ☐ Yes ☐ No

Sexually Transmitted Disease ☐ Yes ☐ No

Allergies ☐ Yes ☐ No If yes, specify:

Pregnant ☐ Yes ☐ No If yes, date:

Medical Comments:

☐ Records requested from: _____

Braces ☐ Yes ☐ No Sensory/Motor Impairment ☐ Yes ☐ No

Acute Illness ☐ Yes ☐ No Chronic Illness ☐ Yes ☐ No

Head Trauma ☐ Yes ☐ No Hearing Problems ☐ Yes ☐ No

Vaccinations ☐ Yes ☐ No Asthma/Lung Disease ☐ Yes ☐ No

Weight or Appetite Change ☐ Yes ☐ No

HIV Test ☐ Yes ☐ No If yes, date:

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Psychosocial History

School History, Current Status & Aspirations

School: _____ Grade Level: _____
Special Education: ☐ Yes ☐ No _____ Special Classes: ☐ Yes ☐ No _____
IEP: ☐ Yes ☐ No Dates: _____

Educational Comments: Type of School, Academic Performance, Grade Retention, School Changes, Attitude/Behavior, Attendance/Tuancy, Suspension

Vocational Information (jobs, independent living program, training, job related problems, volunteer work, career interests)

Juvenile Court History (arrests/offenses, tickets/warnings, probation/stipulations, incarceration, placement)

Child Abuse and Protective Services Information (nature of allegations, age of occurrence, offender, dependency court action, child/parent response, placement and type, services)

DCFS or Police Intervention: ☐ Yes ☐ No Is there a current visitation/involvement plan? ☐ Yes ☐ No

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Current Living Situation

Living Situation Type: ☐ Biological ☐ Adoptive ☐ Guardian ☐ Foster ☐ Kinship/Relative ☐ Group Home ☐ Other
Others Diagnosed with Mental Illness in Living Situation: ☐ Yes ☐ No
Significant Current Drug/Alcohol Use in Living Situation: ☐ Yes ☐ No

Family Composition (Include siblings, stepparents/others, grandparents, extended family, ethnicity/culture, education, socio-economic, religious affiliation)

Family History:

History of Mental Illness in Immediate Family: ☐ Yes ☐ No ☐ Unable to Assess
Alcohol/Drug Use in Immediate Family: ☐ Yes ☐ No ☐ Unable to Assess
History of Incarceration in Immediate Family: ☐ Yes ☐ No ☐ Unable to Assess
Family History (including medical, mental, substance use, legal)

Family Relationships (quality of attachment, disciplinary style, conflict/violence, problem solving)

Family Strengths (client/family perspective, assessor's perspective)

Family Needs (client/family perspective, assessor's perspective)

Stated Needs and Expectations

What are the family members/child expecting of mental health and interagency system? What are they willing to contribute?

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Relevant Past Living Situation

Living Situation Type: ☐ Biological ☐ Adoptive ☐ Guardian ☐ Foster ☐ Kinship/Relative ☐ Group Home ☐ Other
Others Diagnosed with Mental Illness in Living Situation: ☐ Yes ☐ No
Significant Current Drug/Alcohol Use in Living Situation: ☐ Yes ☐ No

Family Composition (Include siblings, stepparents/others, grandparents, extended family, ethnicity/culture, education, socio-economic, religious affiliation)

Family History:

History of Mental Illness in Immediate Family: ☐ Yes ☐ No ☐ Unable to Assess
Alcohol/Drug Use in Immediate Family: ☐ Yes ☐ No ☐ Unable to Assess
History of Incarceration in Immediate Family: ☐ Yes ☐ No ☐ Unable to Assess
Family History (including medical, mental, substance use, legal)

Family Relationships (quality of attachment, disciplinary style, conflict/violence, problem solving)

Family Strengths (client/family perspective, assessor's perspective)

Family Needs (client/family perspective, assessor's perspective)

Family/Child's Current Visitation & Involvement Plan and Schedule
(Complete only if client does not reside with family of origin)

What is the family's current court-ordered visitation plan?
Biological Parents
Stepparents/Siblings
Extended Family
Frequency of visits, length, need for monitoring
Engagement in child's assessment

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| Mental Status | |
|---|---|
| <p>Appearance Dress, grooming, unusual physical characteristics</p> <p>Behavior Activity level, mannerisms, eye contact, manner of relating to parent/therapist, motor behavior, aggression, impulsivity</p> <p>Expressive Speech Fluency, pressure, impediment, volume</p> <p>Thought Content Fears, worries, preoccupations, obsessions, delusions, hallucinations</p> <p>Thought Process Attention, concentration, distractibility, magical thinking, coherency of associations, flight of ideas, rumination, defenses (e.g. planning)</p> <p>Cognition Orientation, vocabulary, abstraction, intelligence</p> <p>Mood/Affect Depression, agitation, anxiety, hostility absent or unvarying, irritability</p> <p>Suicidality/Homicidality Thoughts, behavior, stated intent, risks to self or others. access to lethal means</p> <p>Attitude/Insight/Strengths Adaptive capacity, strengths & assets, cooperation, insight, judgment, motivation for treatment.</p> | <p>Provide a word picture of this child based on your observations. Be sure to address relevant features from each bolded category in the left column.</p> |

| | | |
|--|-----------------------|---------------------------|
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Summary and Diagnosis

I. Diagnostic Summary: (Be sure to include assessment for risk of suicidal/homicidal behaviors, significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning, i.e., Work, School, Home, Community, Living Arrangements, etc, and justification for diagnosis)

II. Admission Diagnosis (check one Principle and one Secondary)

Axis I ☐ Prin ☐ Sec Code _____ Nomenclature _____

(Medications cannot be prescribed with a deferred diagnosis)

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis II ☐ Prin ☐ Sec Code _____ Nomenclature _____

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis III _____ Code _____

_____ Code _____

_____ Code _____

Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

Primary Problem #: ____

Check as many that apply:

- | | | | |
|--|---|---|---|
| 1. <input type="checkbox"/> Primary support group | 2. <input type="checkbox"/> Social environment | 3. <input type="checkbox"/> Educational | 4. <input type="checkbox"/> Occupational |
| 5. <input type="checkbox"/> Housing | 6. <input type="checkbox"/> Economics | 7. <input type="checkbox"/> Access to health care | 8. <input type="checkbox"/> Involve w/Legal Sys |
| 9. <input type="checkbox"/> Other psychosocial/environmental | 10. <input type="checkbox"/> Inadequate information | | |

Axis V Current GAF: _____ DMH Dual Diagnosis Code: _____

III. Specialty Mental Health Services Medical Necessity Criteria:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Medi-Cal Specialty Mental Health Included Diagnosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Significant impairment in life functioning due to the Included Diagnosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Expectation that proposed interventions can impact the client's condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Mental Health Condition will not be responsive to physical health care based treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IV. Disposition/Recommendations/Plan

V. Signatures

Assessor's Signature & Discipline

Date

Co-Signature & Discipline

Date

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